

## ECS Programme – National Access Report

### **Emergency Care Summary (ECS) Programme National Access Report**

Prepared for ECS Programme Board February 2010

This report details the national statistics for ECS records, opt outs and all ECS accesses made between 1<sup>st</sup> January 2009 and 31<sup>st</sup> December 2009. The report also provides trend analysis from the last twelve months, as well as details of significant events that have influenced the use of the ECS system. The report also highlights the trends in use for each Health Board in Scotland where ECS has been implemented.

#### **National Summary Statistics**

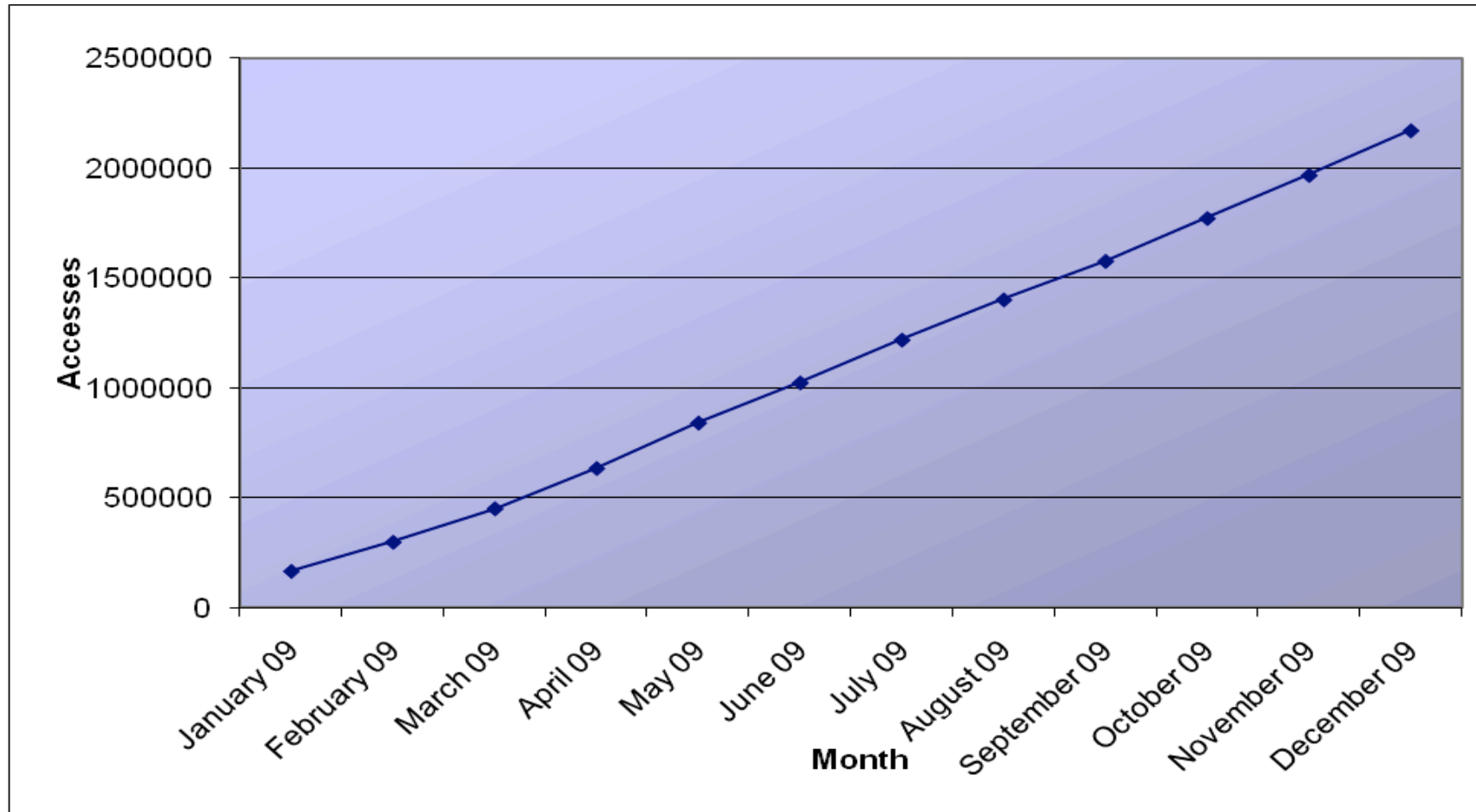
- As at 04/02/2010, ECS had been accessed 4,383,403 times across all Health Boards in Scotland since the national launch of the service.
- 2,170,921 ECS accesses were made from Jan – Dec 2009, an increase of 37% from 2008.
- An average of 180,910 accesses was made per month in 2009.
- ECS contains 5,482,406 individual patient records although this figure will be reduced once the Deducted Patient process is started.
- 1650 patients have chosen to opt out, representing 0.03% of all patient records on ECS.
- 336 GP Practices have at least 1 patient opt out.
- 1014 GP Practices have sent ECS extract files (99% of all practices).
- NHS24 have continued to make the highest number of accesses to ECS (60% of total).
- All Health Boards except NHS Orkney have used ECS to access patient details.

Further details can be found in the Summary of ECS National Usage, which contains the overall figures of use since the ECS service was started nationally in September 2006.

For all graphs and statistics used, Demographic accesses are defined as accesses to ECS where the clinical data was not viewed or pulled down from the central ECS store. All Clinical accesses are where the patient clinical data on ECS has been viewed.

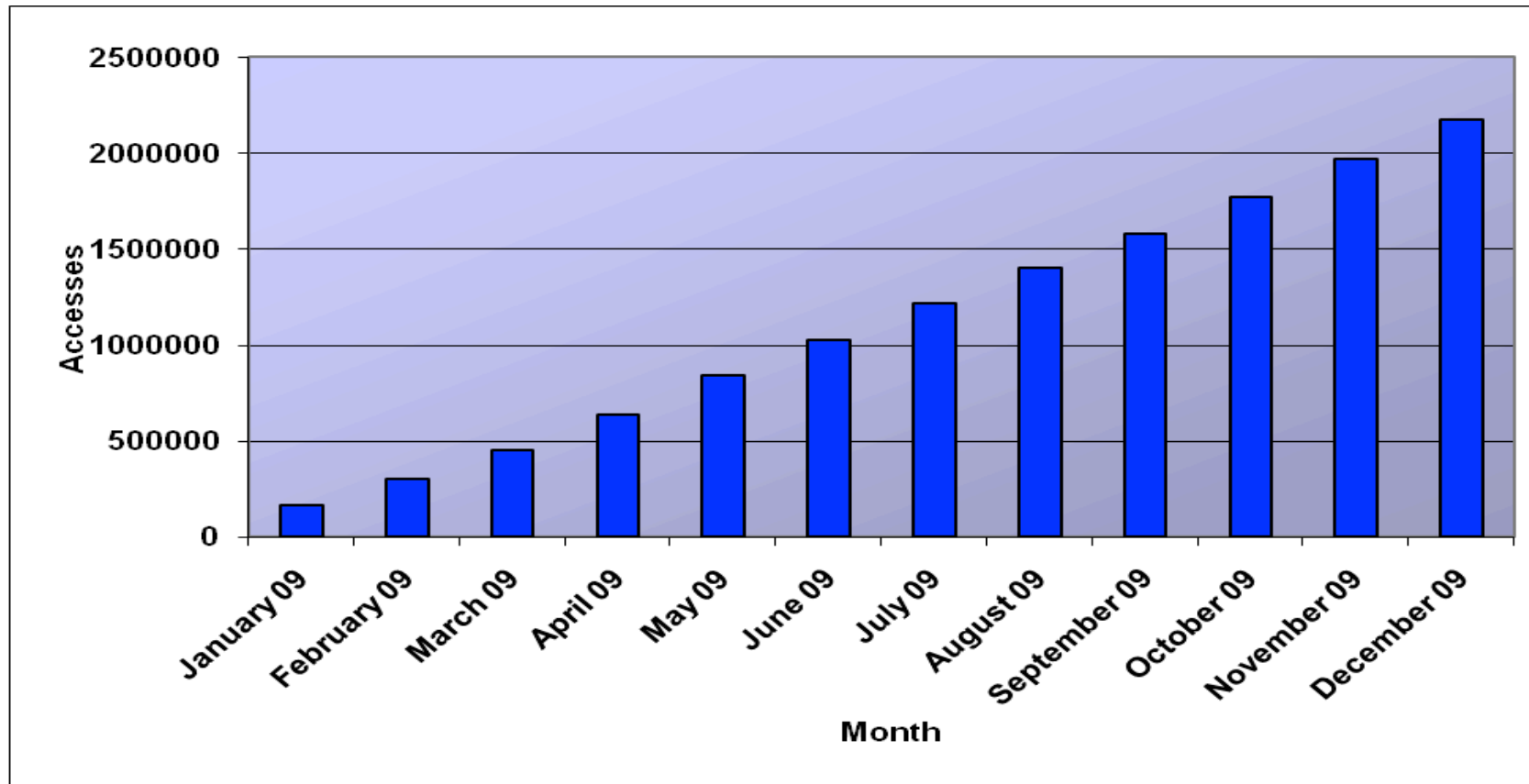
**Trend Analysis**

The following graphs display the cumulative increase in use of ECS over the last 12 months. The cumulative total includes both demographic and clinical accesses on ECS.



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On a month by month basis the use of ECS can be seen to change to reflect workloads in the health boards:

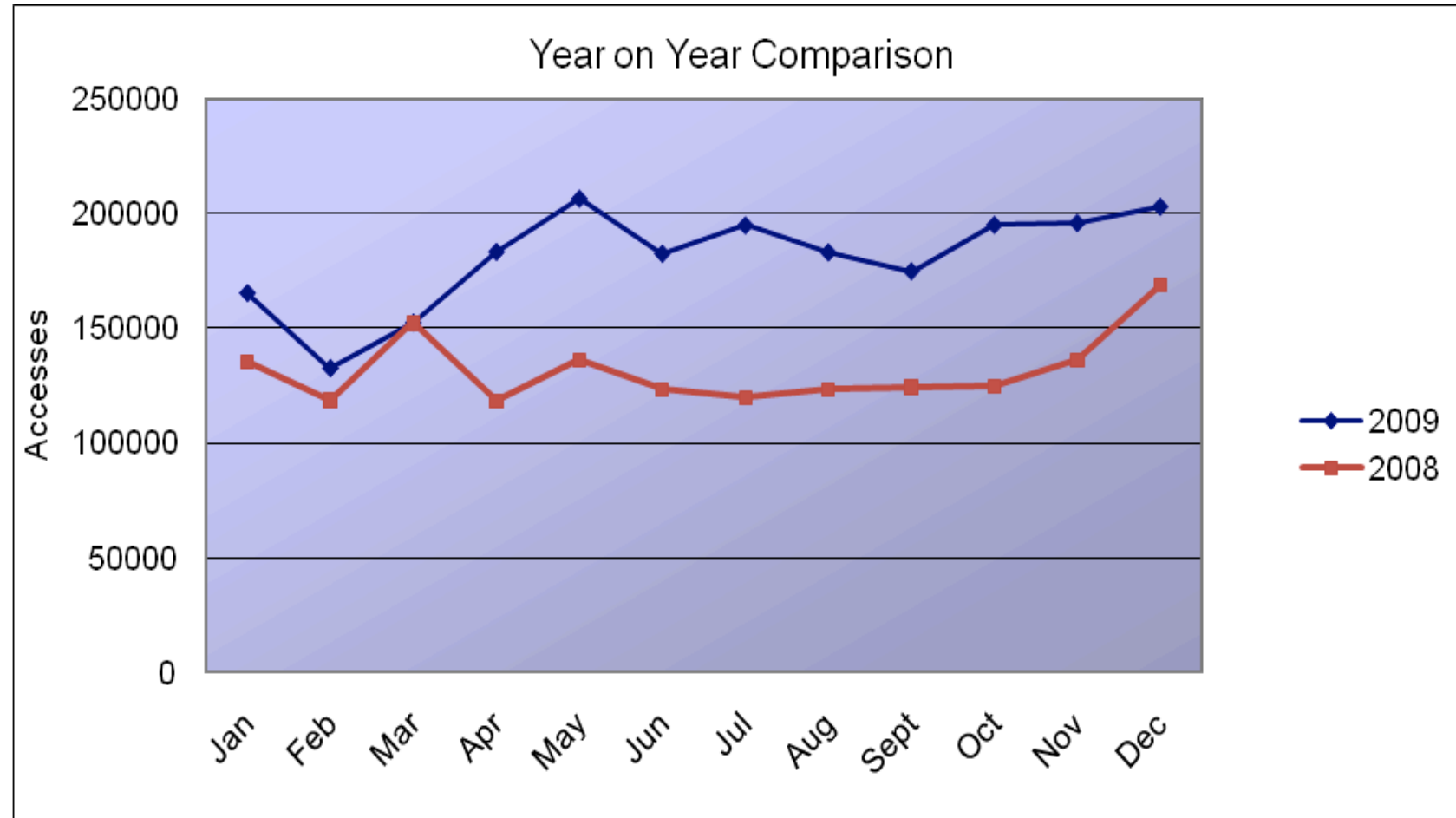


The average number of accesses per month was 180,910, with the peak month in May 2009 of 206,699 accesses.

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### Year on Year Trend Analysis

The following graph shows the change in use from the equivalent period last year:



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### Summary of National ECS Usage

Shown below is a summary of the accesses up to the end of 2009 made per health board and nationally since September 2006. A+ E use is also highlighted here to show the differences in use nationally.

Health Board	A&E Demog Information	A&E Clinical Information	Total Demog Information	Total Clinical Information
Argyll & Clyde	0	0	64	2372
Ayrshire & Arran	22544	21369	32495	129181
Borders	15	14	822	7788
Dumfries & Galloway	3147	3022	21602	63143
Fife	11	9	1615	112559
Forth Valley	792	754	34904	41083
Grampian	128	104	812	151929
Greater Glasgow	2886	2770	4854	177080
Highland	4505	4287	10320	102618
Lanarkshire	21161	20459	44670	179078
Lothian	28675	27119	49928	294904
NHS24	0	0	3815	2859748
Orkney	0	0	8	5
Shetland	32	27	63	49
Tayside	707	686	11703	35805
Western Isles	1676	1600	4291	4095
<b>Totals</b>	<b>86,279</b>	<b>82,220</b>	<b>221,966</b>	<b>4,161,437</b>
<b>Date Created</b>	<b>04/01/2010</b>			
<b>Patient Count</b>	<b>5481692</b>			

### **National Usage per Head of Population**

The following table shows the number of access made in 2009 per Health Board, the total practice population in each board as at 01/01/10 and a corresponding ratio of ECS accesses.

<b>Health Board</b>	<b>Accesses made in 2009</b>	<b>Population</b>	<b>Ratio</b>
Ayrshire & Arran	81,605	387,773	21.0
Borders	4,188	116,241	3.6
Dumfries & Galloway	45,426	155,500	39.3
Fife	63,763	374,451	17.0
Forth Valley	29,154	308,477	9.5
Grampian	89,008	570,454	15.6
Greater Glasgow and Clyde	149,564	1,312,450	11.4
Highland	60,016	322,188	18.6
Lanarkshire	135,623	591,028	22.9
Lothian	187,452	875,694	21.4
Orkney	0	20,416	0
Shetland	54	22,656	0.2
Tayside	30,978	417,238	7.4
Western Isles	4,543	27,493	16.5

The practice population files can be found at [www.isdscotland.org/GPpracs&pops](http://www.isdscotland.org/GPpracs&pops)

The ratio was calculated by Accesses divided by Population and then multiplied by 100 to normalise the figures.

Note: NHS24 are not included in this table as no patients are registered with NHS24.

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### **Health Board Access Graphs**

Each Health Board access graph for the previous 12 months is shown in this section for information. Please note that the figures are not cumulative, and reflect the change in use from month to month.

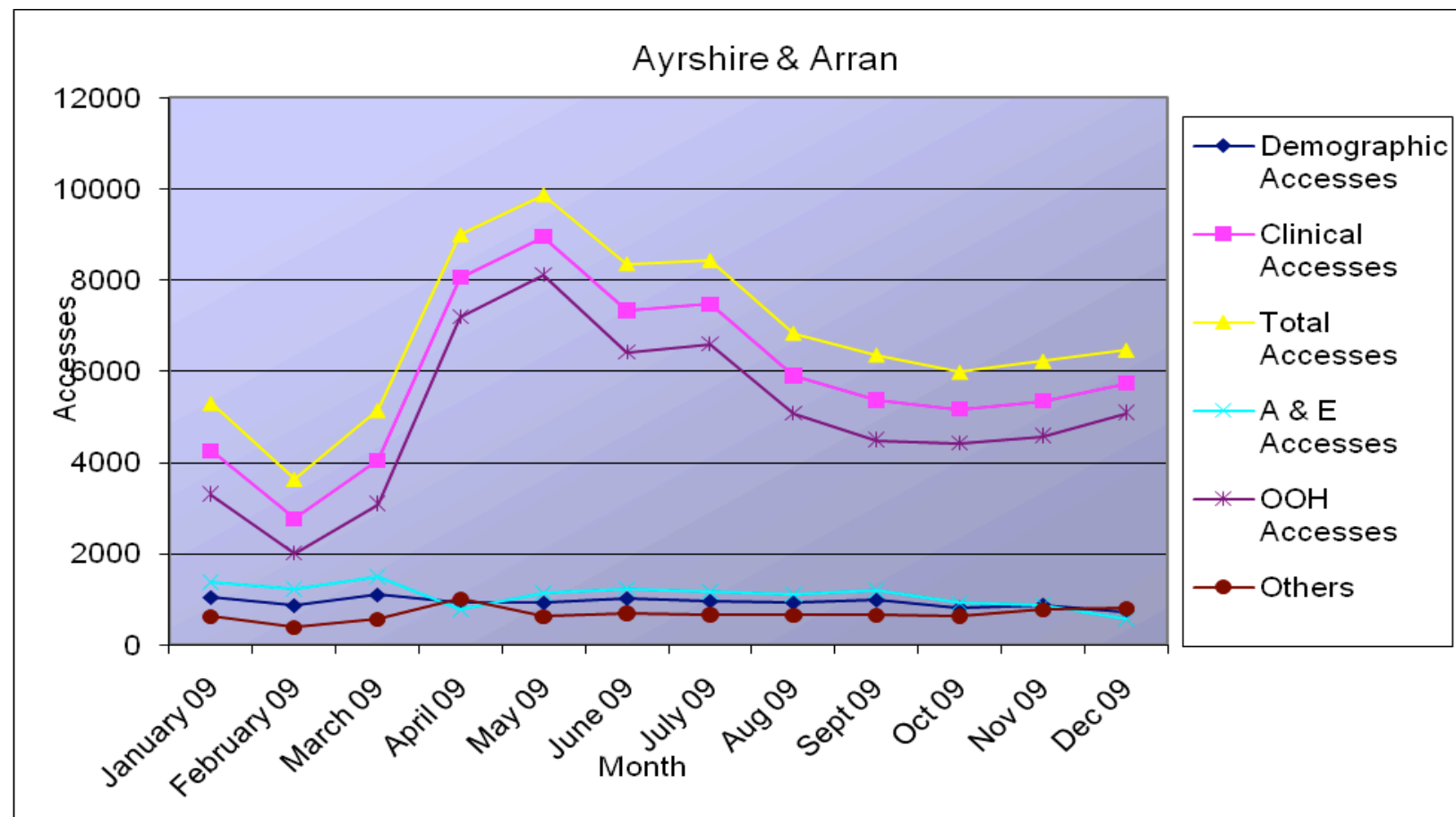
All of the figures are for accesses made by the Health Board on ECS. All figures are based on the reports available up to 31/12/09. It should be noted that figures for NHS24 access are recorded separately.

The graphs show ECS access broken down into:

- Demographic Access (generally for telephone and address checks)
- Clinical Access (medication, adverse reaction and allergy information)
- Total Access (combined total of Demographic and Clinical)
- A+E Access (through web browser for all Health Boards)
- OOH Access (usually through Adastra or Taycare)
- Other Access (usually made by Practice Managers for audit purposes or for printing patient ECS records, some Health Boards will have pharmacists separately registered)

### Ayrshire & Arran

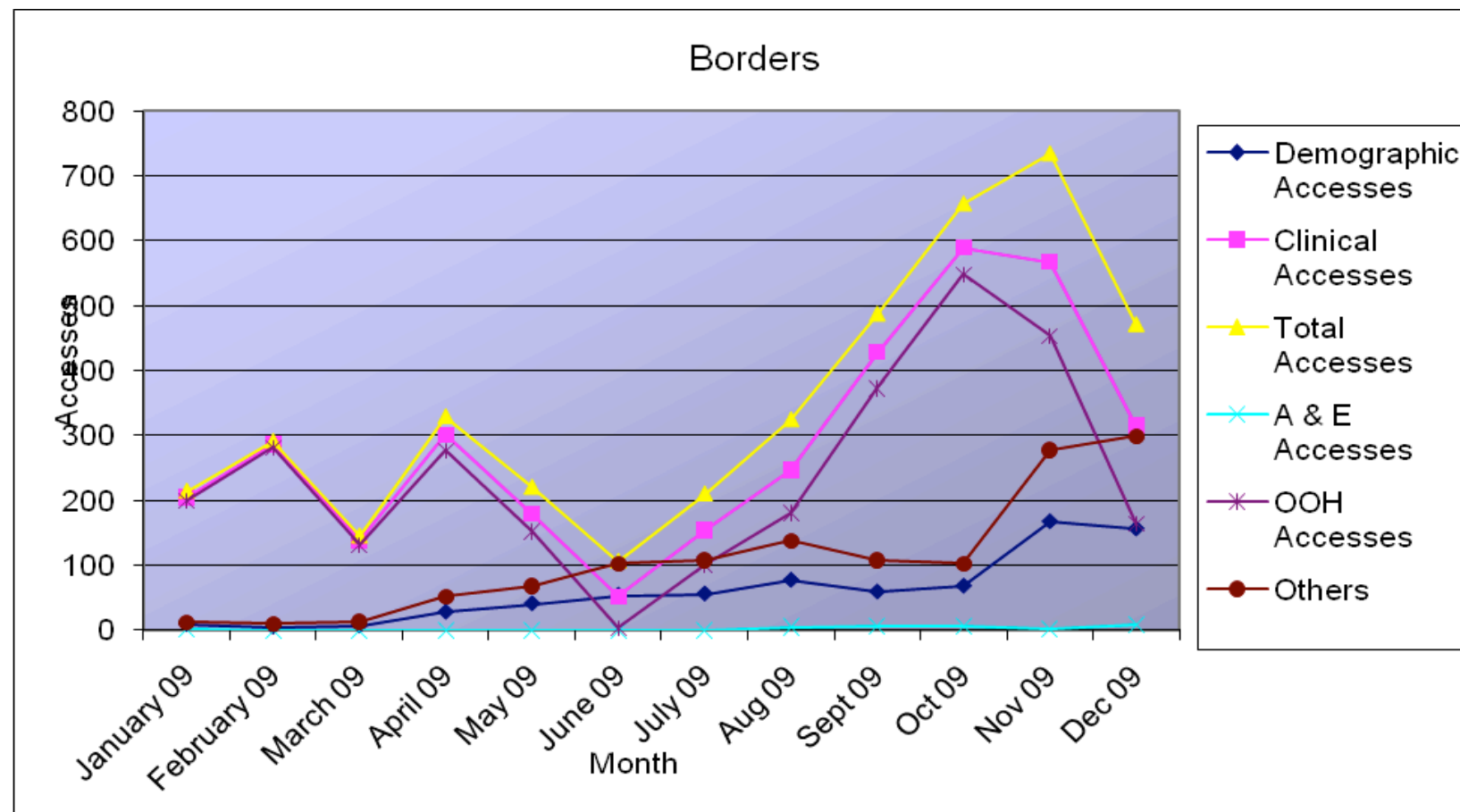
In common with many boards, Ayrshire and Arran show a big increase in response to the H1N1 Influenza outbreaks. In 2008 the Christmas peak was 16% larger than the May 2008 peak. This year the peak at May is 53% larger than the Christmas peak.





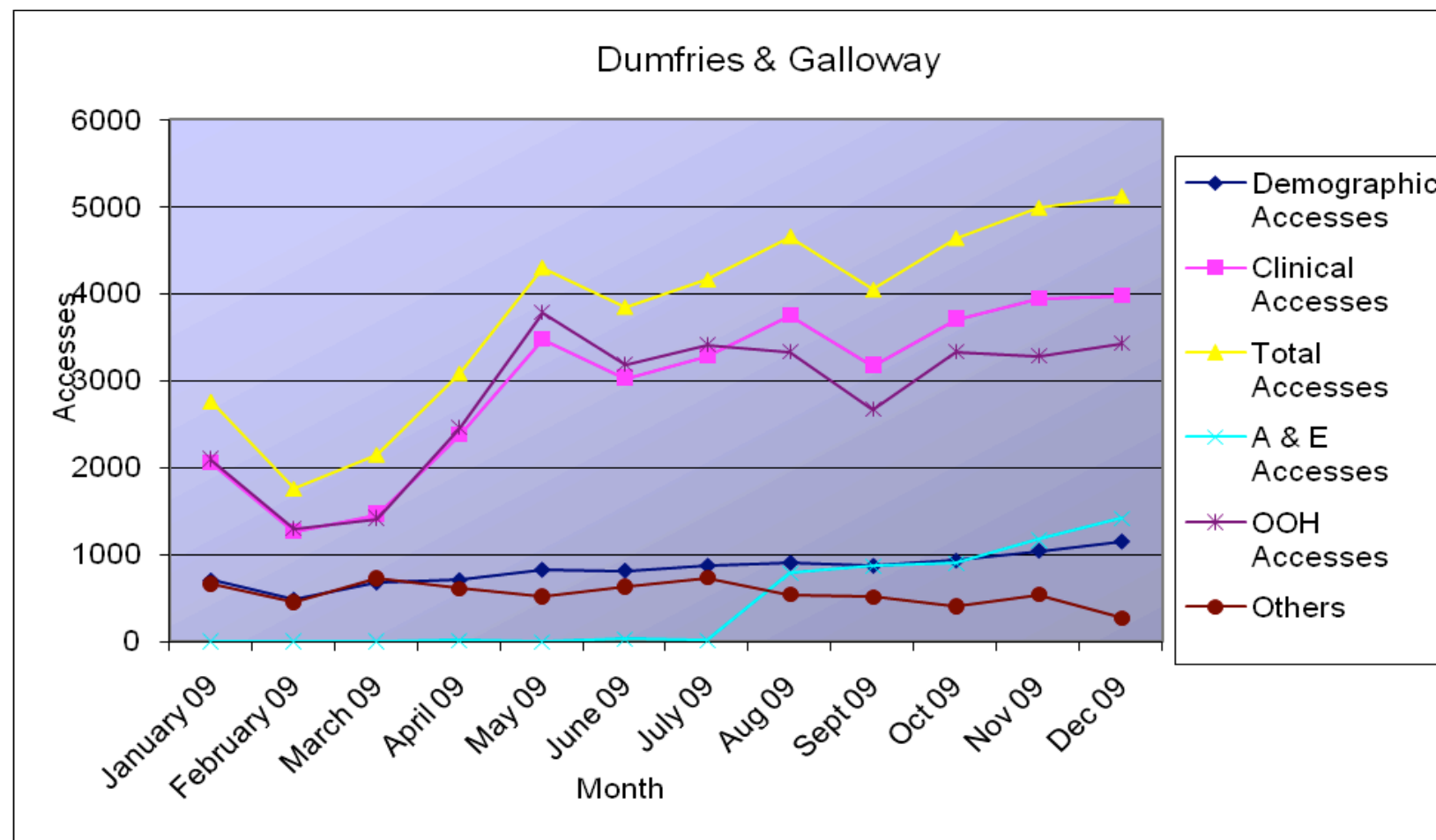
## Borders

Borders (along with Tayside and Forth Valley) were hit by a certificate issue with Taycare that prevented access to ECS during June / July 2009. The increase in April is in line with other boards for the H1N1 response. Further increases are expected in 2010 with the launch of A+E access through EDIS.



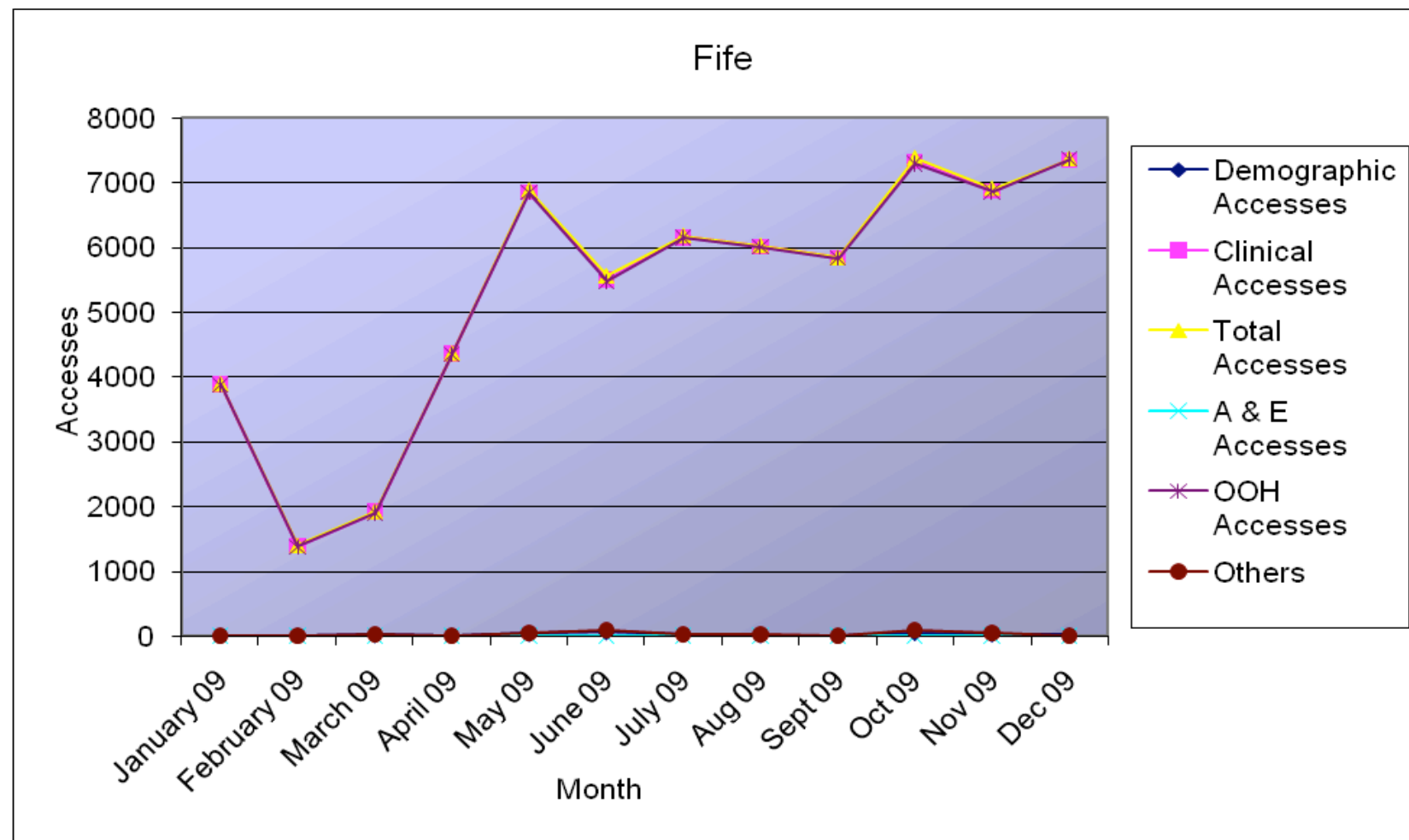
**Dumfries & Galloway**

Dumfries and Galloway have shown a steady use in all user areas with the increase in use over the last 12 months in line with national increase. Dumfries and Galloway have greatly encouraged use of ECS in A+E and this is reflected in the increase since August with the new intake of doctors in this area.



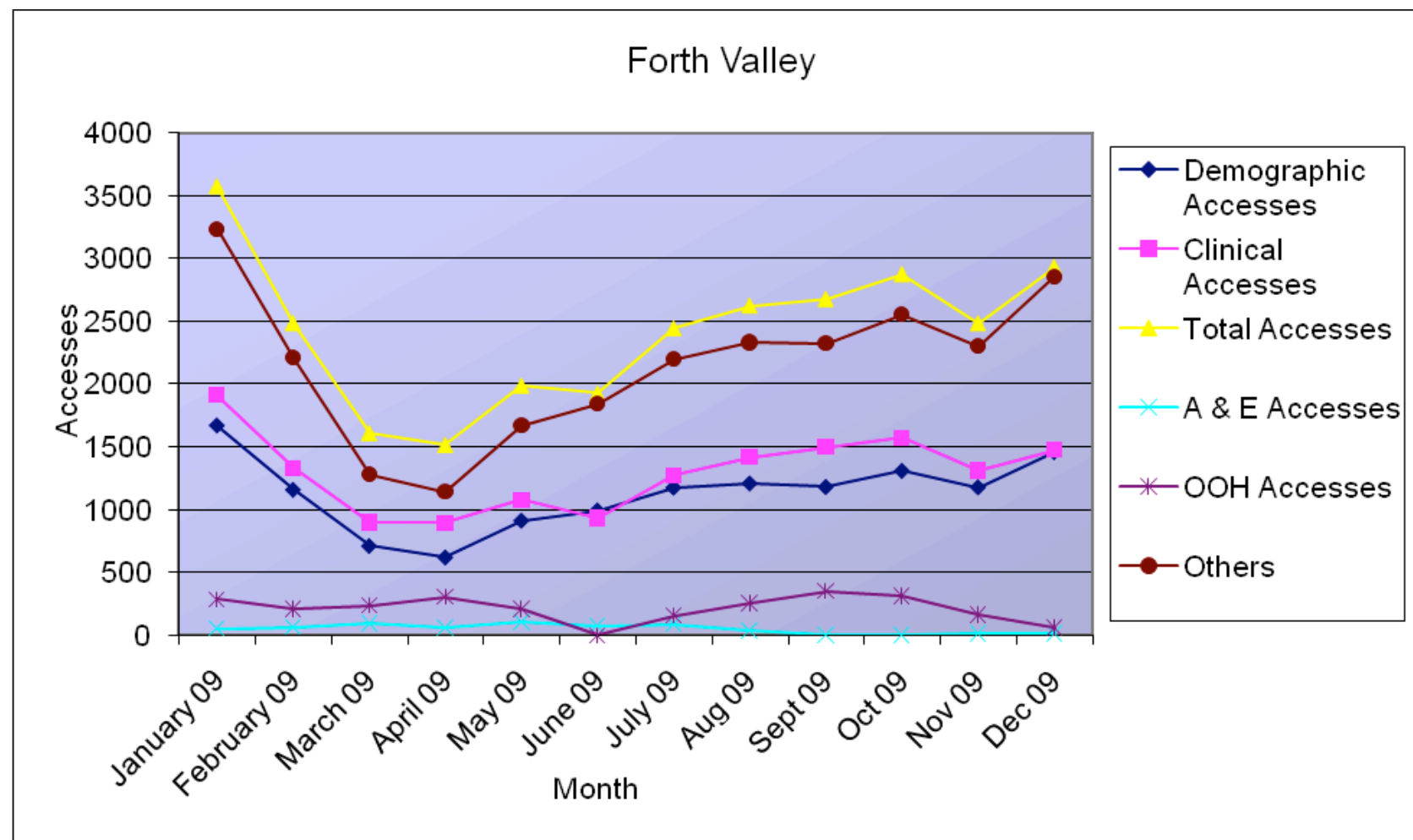
**Fife**

With the exception of 2 accesses made in A+E in February, all access in Fife is through OOH or GP Admin. A+E use is only expected to increase once IAM goes live with ECS in Fife.



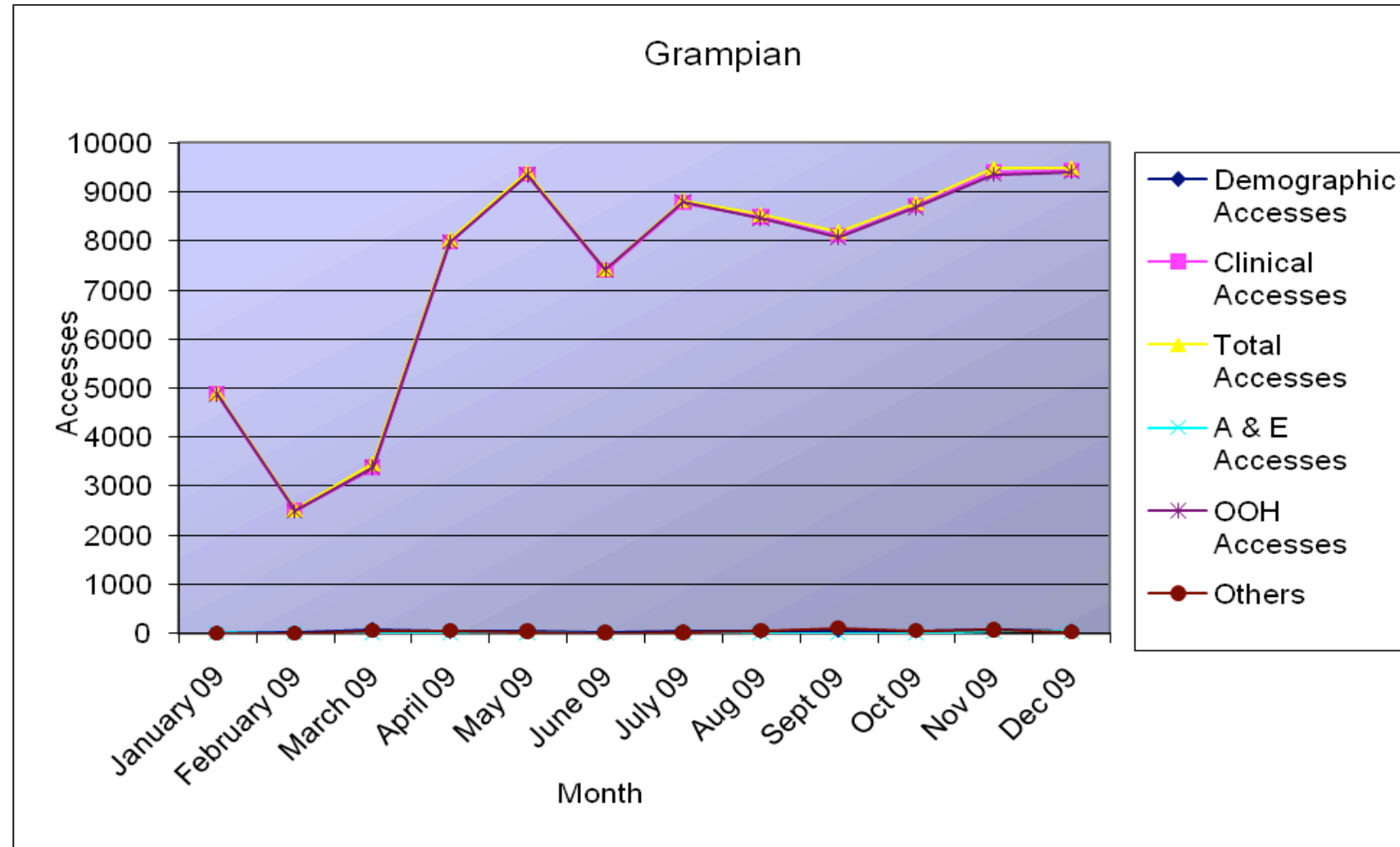
### Forth Valley

Access in Forth Valley has reduced significantly in 2009 due to issues with access in OOH (Taycare system). Use by Pharmacists has also decreased which will be investigated further.



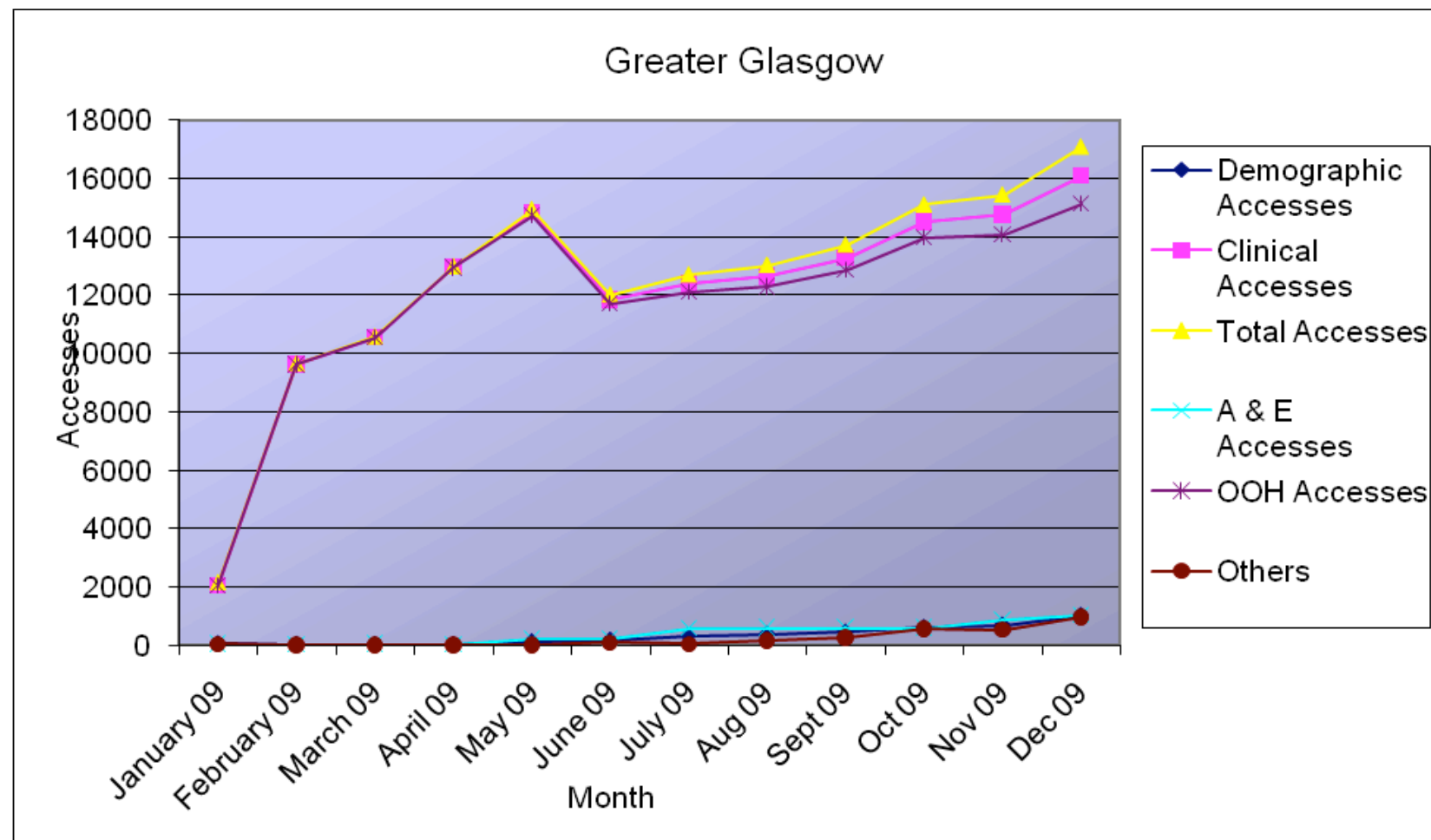
**Grampian**

The main use of ECS in Grampian is via OOH Clinicians. A+E access is expected to increase once the EDIS interface is deployed.



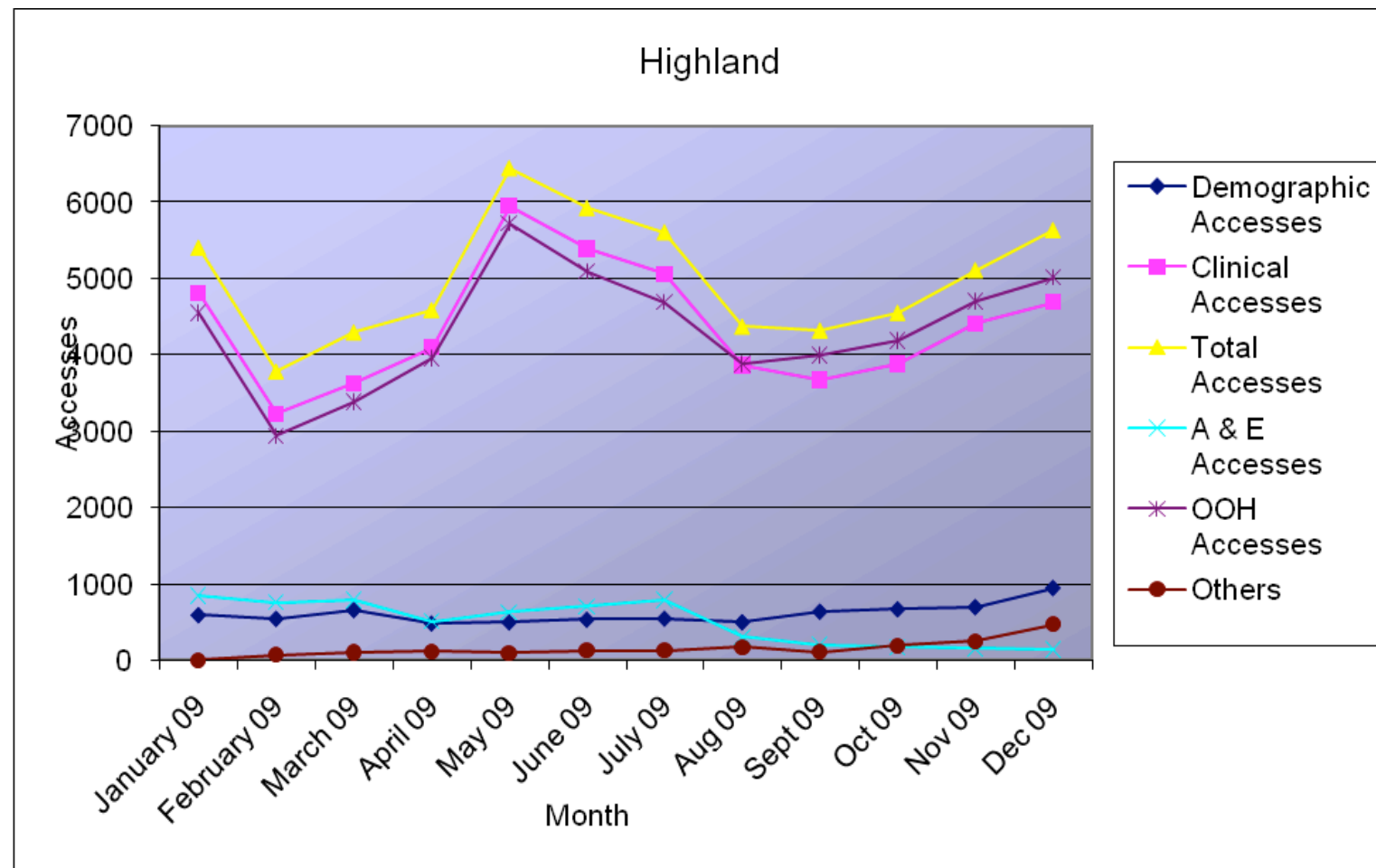
**Greater Glasgow & Clyde**

Access to ECS has noticeably increased in NHS GG+C with the wider introduction of access in A+E, and the response to H1N1 Influenza. EDIS interface for North Glasgow expected to be implemented by the end of 2009.



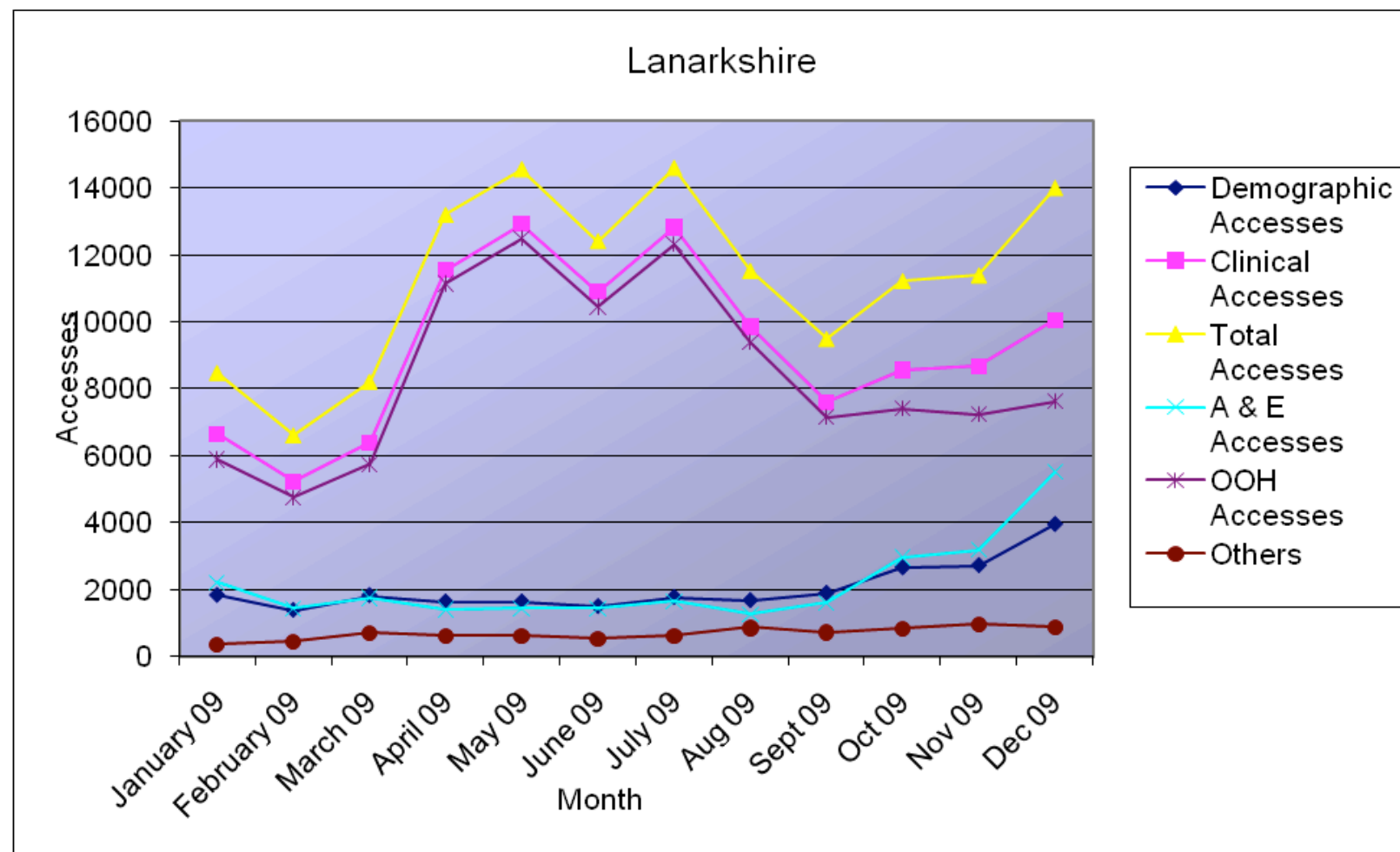
### Highland

There has been a good increase in use across all users in Highland, with main peaks at Christmas and May. Increase in A+ E is expected when EDIS Interface is implemented.



### Lanarkshire

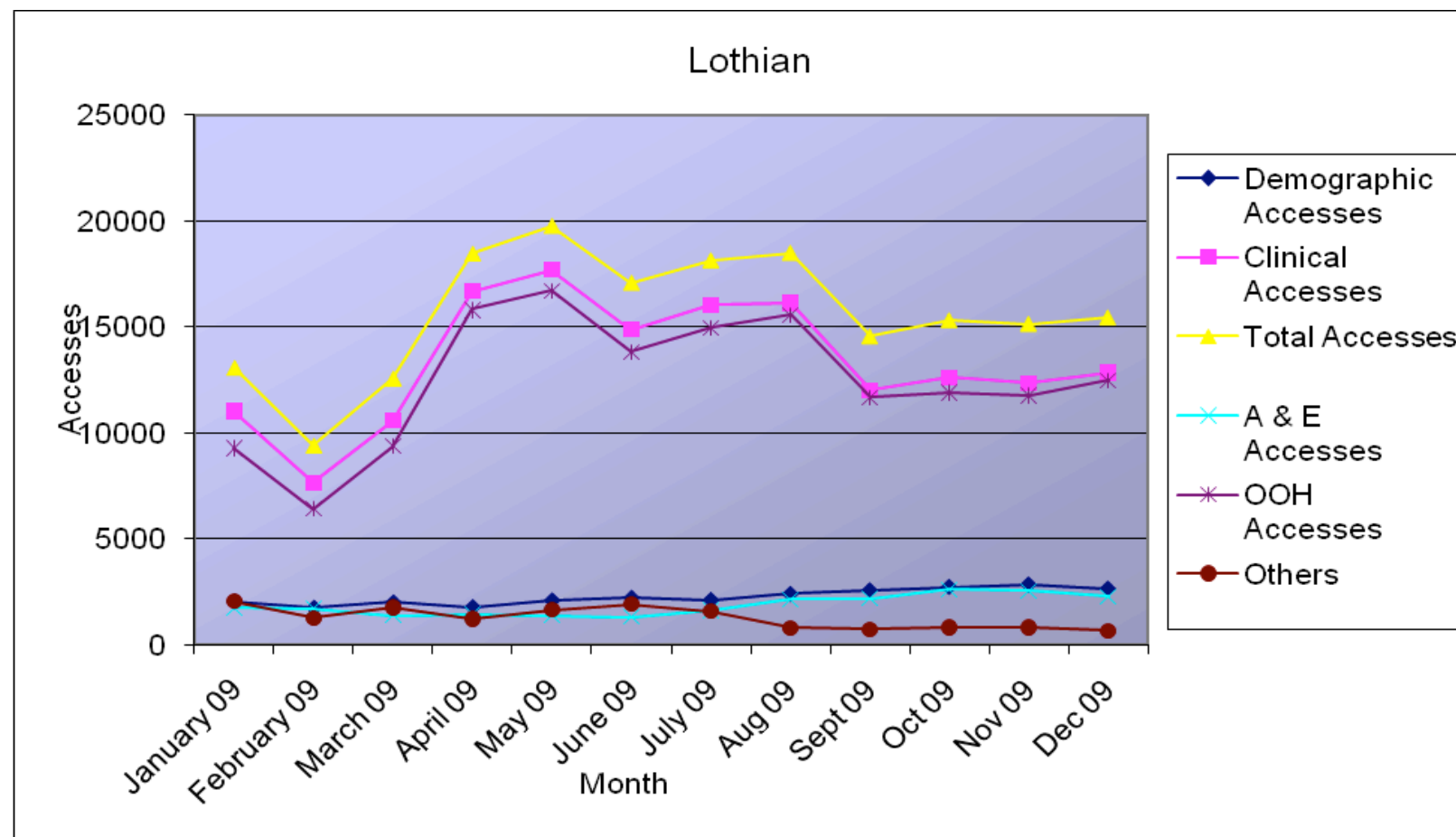
Lanarkshire have an increasing trend in use across all areas, and have the 2<sup>nd</sup> highest use of ECS across all territorial boards (Lothian is highest) apart from December 2009 when NHS GG&C had a higher access peak.





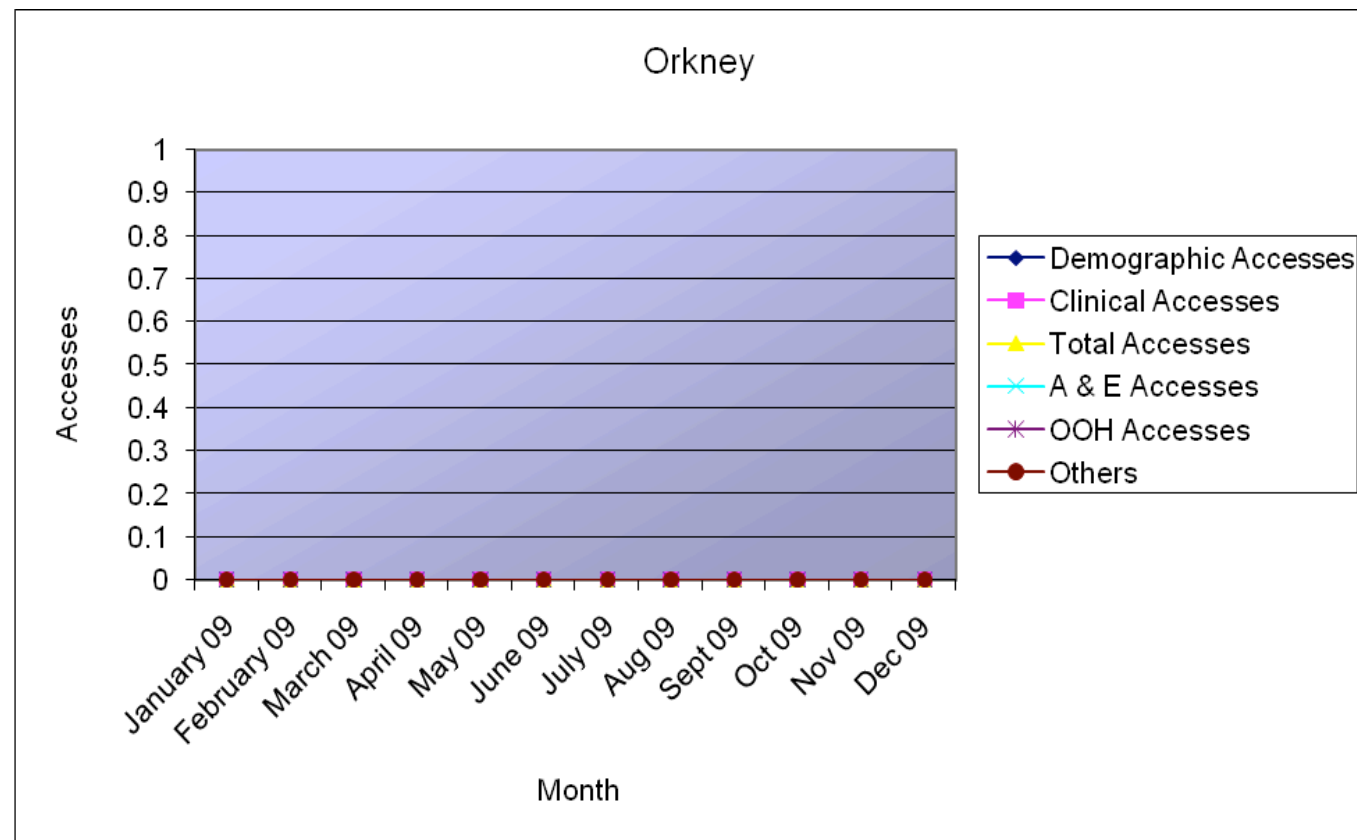
**Lothian**

Lothian have made significant progress over the past 12 months and are now the highest users of ECS in both OOH and A+ E.



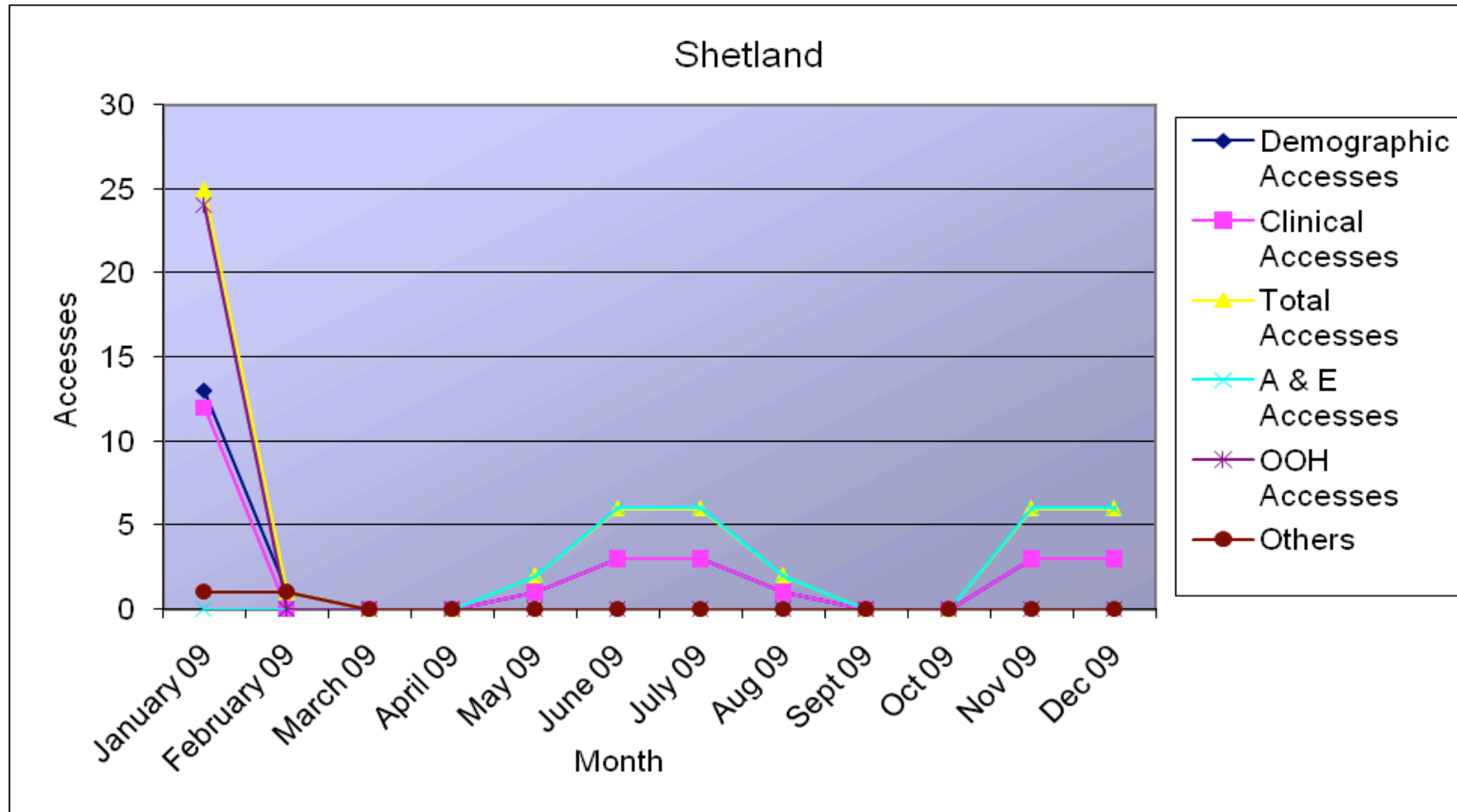
**Orkney**

Orkney have made no accesses in 2009. Access is available in OOH but not used. Orkney have requested that Next of Kin details are added to ECS as this would help encourage use in A+E and OOH.



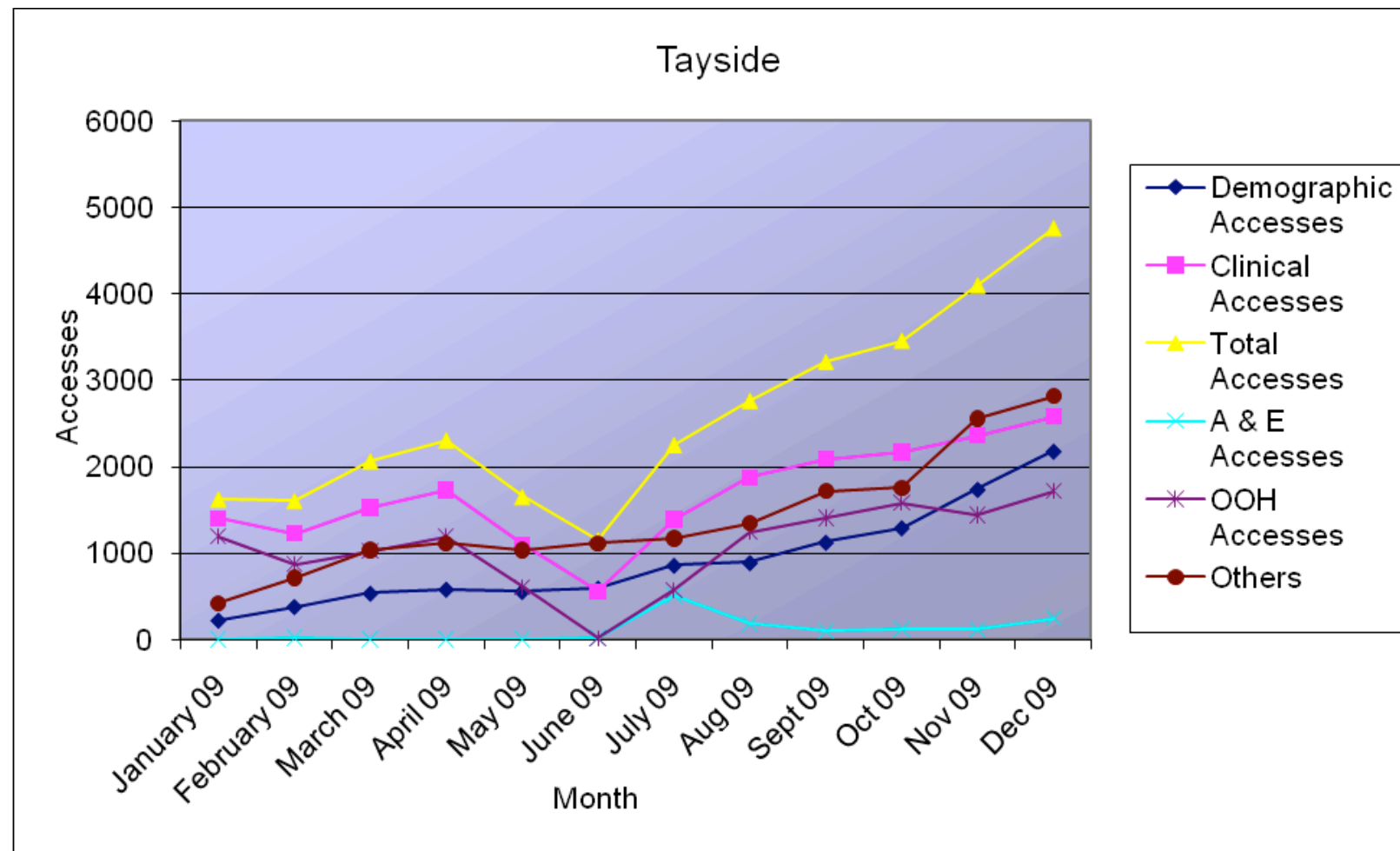
**Shetland**

Shetland has started to use ECS in OOH and A+E, but use is sporadic despite promotion and encouragement from the Health Board.



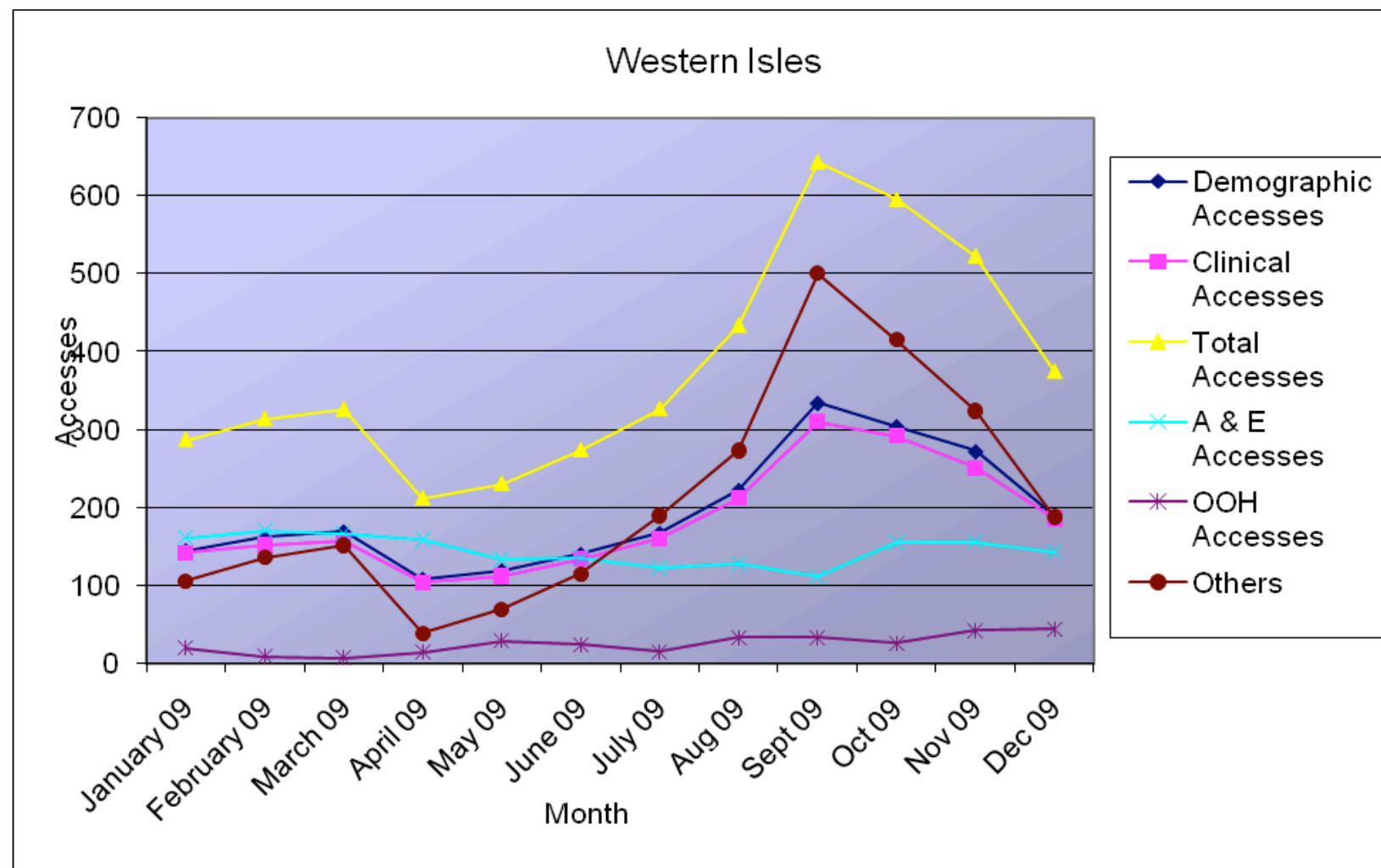
### Tayside

Tayside were impacted in June / July by certificate issue with Taycare OOH system. A+E use has increased in July 2009 with introduction in Perth Royal Infirmary. Further increase in use expected when Clinical Dashboard project goes live (Central Vision system integration).



**Western Isles**

Use of ECS has increased slightly over the previous 12 months however A+E access is proportionally higher than many boards.



### NHS24

Usage has now averaged 107.5 K accesses to ECS per month. This represents use of ECS with approximately 90% of all calls to NHS24. Significant peaks in December (Christmas) and May (H1N1 Influenza). All NHS24 accesses are via Web Services.

